Dysfunctional Beliefs and Attitudes About Sleep Scale (DBAS)

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Purpose Consisting of 28 items, the scale evaluates sleep-related beliefs, querying respondents' expectations and attitudes regarding the causes, consequences, and potential treatments of sleep issues. The scale may be particularly valuable in the formation of cognitive approaches to treatment. Identifying and targeting disordered cognitions about sleep may help to improve intervention outcomes.

Population for Testing The scale has been validated in an older population aged 55–88 years [1], as well as a younger patient population with a mean age of 49.8 years [2].

Administration The scale is a self-report, paper-and-pencil measure and it requires between 10 and 15 min for completion.

Reliability and Validity In an initial psychometric evaluation conducted by developers [1], the scale was shown to have an internal consistency ranging from .80 to .81. However, in a follow-up study by Espie and colleagues [2], only two of the scale's five domains were found to possess satisfactory internal consistencies, leading to the development of the DBAS-10 – a shorter, 10-item version of the original.

Obtaining a Copy A copy of the scale can be found in the original article published by developers [1].

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Scoring Each question consists of a 100-mm visual analogue scale which respondents use to indicate the degree to which they agree with statements related to sleep (with 0 indicating "strongly disagree" and 100 denoting "strongly agree"). Scores are calculated by measuring the distance, in millimeters, from the start of the line to the respondent's mark. A global score is found by averaging scores on all items, with higher scores indicating more dysfunctional beliefs and attitudes (item 23 is reverse-scored). While some researchers argue in favor of visual analogue scales and their sensitivity to subtle differences, others have found that certain items of the DBAS exhibit low mean and variance – evidence of a low sensitivity to individual differences [3].

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A number of statements reflecting people's beliefs and attitudes about sleep are provided below. Please indicate to what extent you personally agree or disagree with each statement. There is no right or wrong answer. For each statement, place a mark (/) somewhere along the line wherever your personal rating falls. Please consider the line to represent your own personal range. Try to use the whole scale rather than simply putting your marks at one end or the other of the line. Even if you do not have a sleep problem, please answer all questions.

1. I need 8 hours of sleep to feel refreshed and function well during the day.
2. When I don't get the proper amount of sleep on a given night, I need to catch up the next day by napping or the next night by sleeping longer.
3. Because I am getting older, I need less sleep.
4. I am worried that if I go for 1 or 2 nights without sleep, I may have a "nervous breakdown".
5. I am concerned that chronic insomnia may have serious consequences on my physical health.
6. By spending more time in bed, I usually get more sleep and feel better the next day.
7. When I have trouble falling asleep or getting back to sleep after nighttime awakening, I should stay in bed and try harder.
8. I am worried that I may lose control over my abilities to sleep.
9. Because I am getting older, I should go to bed earlier in the evening.
10. After a poor night's sleep, I know it will interfere with my activities the next day.
11. To be alert and function well during the day, I believe I would be better off taking a sleeping pill rather than having a poor night's sleep.
12. When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before.
13. Because my bed partner falls asleep as soon as his or her head hits the pillow and stays asleep through the night, I should be able to do so too.
14. I feel insomnia is basically the result of aging and there isn't much that can be done about this problem.
15. I am sometimes afraid of dying in my sleep.
16. When I have a good night's sleep, I know that I will have to pay for it the next night.
17. When I sleep poorly one night, I know it will disturb my sleep schedule for the whole week.
18. Without an adequate night's sleep, I can hardly function the next day.
19. I can't ever predict whether I'll have a good or poor night's sleep.
20. I have little ability to manage the negative consequences of disturbed sleep.

21. When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.
22. I get overwhelmed by my thoughts at night and often feel I have no control over this racing mind.
23. I can still lead a satisfactory life despite sleep difficulties.
24. I believe insomnia is essentially the result of a chemical imbalance.
25. I feel insomnia is ruining my ability to enjoy life and prevents me from doing what I want.
26. My sleep is getting worse all the time and I don't believe anyone can help.
27. A nightcap before bedtime is a good solution to sleep problems.
28. Medication is probably the only solution to sleeplessness.

Note: For each statement, the subject indicates his or her level of agreement or disagreement on a visual analog scale such as the following one.

Strongly Disagree _____ Strongly Agree

References

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3. Morin, C. M., Vallières, A., & Ivers, H. (2007). Dysfunctional beliefs and attitudes about sleep (DBAS): validation of a brief version (DBAS-16). *Sleep, 30*(11), 1547–1554.

Representative Studies Using Scale

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